



GEORGIA MEDICAID FEE-FOR-SERVICE KALYDECO PA SUMMARY

MEDICATION: Kalydeco (ivacaftor)

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members 2 years of age and older with a diagnosis of cystic fibrosis (CF) and one of the following mutations in the CFTR gene as detected by a cystic fibrosis (CF) mutation test: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R or R117H.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.